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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Yuma State ARIZONA
Township Yuma or Village Yuma General Hospital
City Yuma (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? 1 yrs. 1 mos. 1 ds.
2. FULL NAME William S. Poliver How long in State when death occurred? 2 yrs. 1 mos. 1 ds.
(a) Residence: No. Highland California St. Ariz. Ward 2107M (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED MARRIED
6. DATE OF BIRTH (month, day, and year) November 24 1869
7. AGE 63 Years 11 Months 23 Days If LESS than 1 day, 1 hrs. 0 min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kentucky (state or country)

13. NAME William Savanas Poliver

14. BIRTHPLACE (city or town) NOT KNOWN (State or country)

15. MAIDEN NAME Alice Brown

16. BIRTHPLACE (city or town) NOT KNOWN (State or country)

17. INFORMANT Ada Poliver (Address) Highland California Route 1

18. BURIAL, CREMATION, OR REMOVAL Burial Place Yuma Cemetery Date 11/23/33

19. UNDERTAKER The Johnson Mortuary (Address) Yuma Arizona

20. Filed Nov 23 1933 Registrar Mary A. Huffman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) November 22 1933
22. I HEREBY CERTIFY That I attended deceased from Nov 22 1933 to Nov 22 1933
I last saw him alive on Nov 22 1933 death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Basal Skull fracture

Other contributory causes of importance:

Name of operation No operation Date of Nov 22 1933
What test confirmed diagnosis? Autopsy Was there a yes autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, no, or no Date of injury Nov 22 1933
Where did injury occur? U.S. 80 20m E of Yuma (Specify city or town, county and State)

Specify where injury occurred in industry, in home, or in public place.
Public place; fell from

Manner of injury auto striking head on pavement

Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Calvin Eaton M. D.
(Signed) Yuma Ariz.

Back of Certificate to be used for any Additional Information